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PTO/SB/21 (05-03)

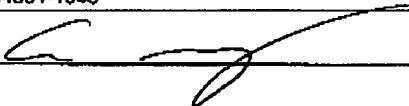
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/066,126
		Filing Date	January 30, 2002
		First Named Inventor	Sylvia Tidwell Scheuring
		Art Unit	2161
		Examiner Name	Unknown
Total Number of Pages in This Submission	2	Attorney Docket Number	46884.00018

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> With RCE <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Return Postcard <input type="checkbox"/> IDS and Form 1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Declaration/Oath	<input type="checkbox"/> Assignment and Recordation Cover Sheet (for an Application) <input type="checkbox"/> Drawing(s) ____ Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> RCE <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Request <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent (in triplicate)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Aaron Wininger, Reg. No. 45,229 Squire, Sanders & Dempsey L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043
Signature	
Date	June 7, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Aaron Wininger		
Signature		Date	June 7, 2006

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PTO/SB/83 (05-03)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/066,126
Filing Date	January 30, 2002
First Named Inventor	Sylvia Tidwell Scheuring
Art Unit	2161
Examiner Name	Unknown
Attorney Docket Number	46884.00018

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Client has requested that this application be transferred to client.

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2. ☒ Change the correspondence address and direct all future correspondence to:
CORRESPONDENCE ADDRESS

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Place Customer Number
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<input checked="" type="checkbox"/> Firm or Individual Name	Sylvia Tidwell Scheuring				
Address	Personal Genie				
Address	225 Crossroads Blvd., PMB 251				
City	Camel	State	CA	ZIP	93923
Country	USA				
Telephone	831.624.2972	Fax	831.626.3240		

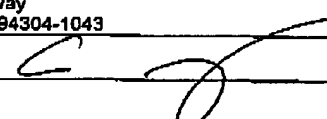
☒ This request is made on behalf of myself and

☒ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Aaron Wininger, reg. No. 45,229 Squire, Sanders & Dempsey L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043
Signature	
Date	June 7, 2006

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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